New Jersey Department of Health and Senior Services Division of Local Public Health Practice and Regional Systems Development Public Health Priority Funding Project PO Box 360, Trenton, NJ 08625-0360

FOR STATE USE	
Approved	
Pending	

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING

PLEASE TYPE OR PRINT ALL INFORMATION. PLEASE RETURN THE ORIGINAL AND ONE (1) COPY OF EACH PAGE OF YOUR APPLICATION TO THE ADDRESS LISTED ABOVE. THANK YOU.

1.	Na	me of Local Health Agency						
	Str	eet Address		City	County		State	Zip Code
2.	Na	me and Title of Fiscal Contact				Telepho	one Number	
	Str	eet Address		City	County		State	Zip Code
3.	Na	me of Health Officer				Telepho	one Number	
4.	Publ	ic Health Activity Designated for Fund	ding (IM	PORTANT: See A	ttachment A for Elig	gible Act	tivities.) Check	All that Apply:
	A. B. *Ir	Public Health Infrastructure* 1			otion/ Education In Advocacy ccupational al afety I Health th Vellness h ol al akages	-	2 Family Edu 3 Improved F Outcome 4 Adolescent 5 Child Care Consultatic 6 Prevention for Child H PorSCHe r 7 Infants and Children Monitoring and Assurance 1 NJIIS (Imm Information	Lead Poisoning* Ication/ Outreach Pregnancy Health Provider Health On Oriented Services ealth (using model) Preschool Quality Junization Outreach
	<u>li</u> k	Development, and Local Public nfrastructure, and Childhood Lead by all funded local health departm otherwise supported by local dollar	Health Poisonents. In Section 1981.	Systems Develoing, under <u>F. Ma</u> PHPF has been p page 2, 3, 4 and	lopment activities aternal and Child I brovided to suppo of this application	s listed <u>Health,</u> ort thes	d under <u>A. F</u> are <u>required</u> to	Public Health b be provided
5a.	To:	tal PHPF Funds Requested:	b. Fo	r Project Period (E From: Januar y		To:	December 3	1, 2006
Na	6. CERTIFICATION: I certify, to the best of my knowledge and belief, that this application and its attachments are true and correct, and further agree that any funding as a result of this application shall be subject to the conditions, policies, rules and regulations of the New Jersey Department of Health and Senior Services, and the State of New Jersey, including any provisions described in the application instructions. Name of Health Officer (Print)							
Sig	natu	re of Health Officer (Required)				Date of	Application	

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7.	Name	e of	Local Health Agency	Date of Application	
9.	supp	ort Pu	wing Public Health Infrastructure Activities must be addressed by all local heal these activities, unless these activities are already being supported by local doblic Health Emergency Notification System (NJ LINCS Health Alert Network): Your department Internet service provider:	llars or other funding sources.	
Your department Internet service provider:					
		2.	Your department's E-mail address:		
Your department's Website address:					
		4.	List key (as described in the Guidelines) that have or will have desktop access List by name, responsibility/title and e-mail address.	s to the Internet and LINCS e-mail.	
			☐ To be supported by PHPF (Complete an Activity Work Plan - See Pa	nge 6.)	
			☐ Currently supported by local dollars or other funding source		
			(a) Source of Funding:		
			(b) Amount of funding:		
		5.	Do public health emergency response and on-call personnel have or will have LINCS e-mail?		
		6.	Summary of activity:		
			Check [☐ If continued on additional page.	

THIS PAGE MUST BE COMPLETED BY ALL LOCAL HEALTH DEPARTMENTS.

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

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Your department Internet service provider:					
		2.	Your department's E-mail address:		
Your department's Website address:					
		4.	List key (as described in the Guidelines) that have or will have desktop access List by name, responsibility/title and e-mail address.	s to the Internet and LINCS e-mail.	
			☐ To be supported by PHPF (Complete an Activity Work Plan - See Pa	nge 6.)	
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			(a) Source of Funding:		
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			Check [☐ If continued on additional page.	

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7. Nam	e of Local Health Agency	8. Date of Application
9. b.	Workforce Development (continuing education of public health professionals): To be supported by PHPF (complete an Activity Work Plan (See Factorial Currently supported by local dollars or other funding source (a) Source of Funding: (b) Amount of funding: 1. Please describe how the local health department will meet the requirement competencies:	
	2. Summary of activity:	
	Check	k

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APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7. Name of Local Health Agency	8. Date of Application
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2. Summary of activity:	
	Check ☐ If continued on additional page

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7.	Nam	e of Local Health Agency	8. Dat	te of Application
9.	C.	☐ Currently supported by local	omplete an Activity Work Plan (See Page 6.)	
		1. Please describe how the local health of	department will meet the requirement for Local	Public Health Systems Development:
		2. Summary of activity:		
			Check ☐ If co	ontinued on additional page.

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APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

8. Date of Application
ork Plan (See Page 6.) g source
ne requirement for Local Public Health Systems Development:
ie requirement for Local Fublic frieath Systems Development.
Check ☐ If continued on additional page.

APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7. Name of Local Health Agency	8. Date of Application
(b) Amount of funding: Note: Please reference Section F. Maternal and Child Health, "Guidelines and Requirements" as an aid in completing this pa	1. Childhood Lead Poisoning from Page 11 of the PHPF ge.
Please describe how the local health department will meet	the requirement for childhood lead poisoning:
2. Summary of activity:	Check ☐ If continued on additional page.

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APPLICATION FOR PUBLIC HEALTH PRIORITY FUNDING, Continued INFRASTRUCTURE ACTIVITY WORK SHEET

7. Name of Local Health Agency	8. Date of Application
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Please describe how the local health department will meet	the requirement for childhood lead poisoning:
2. Summary of activity:	Check ☐ If continued on additional page.

10. Name of Local Health Agency	11. Date of Application
12. Name of Activity (e.g., Health Promotion/Education, etc.)	
13. Outline of Program Objectives, Methods/Services for this activity, and (A separate Work Plan must be completed for each activity.)	Targeted Outcomes.
14. Activity Budget:	Check If continued on additional page.
	FOR STATE USE
a. Total PHPF Allocated to this Activity b. Total Funds from Other Sources: + \$ =	c. Total Activity Budget:

10.	Name of Local Health Agency				11	г. Date от Арріісатіо	n
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14.	Activity Budget:				Check	If continued on a	
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14. Activity Budget:	Спеск [If continued on additional page.
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ACTIVITY WORK PLAN

10. Name of Local Health Agency	11. Date of Application
12. Name of Activity (e.g., Health Promotion/Education, etc.)	•
13. Outline of Program Objectives, Methods/Services for this activity, and Targeted Out (A separate Work Plan must be completed for each activity.)	comes.
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14. Activity Budget:	FOR STATE USE
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